

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

41796

State File No.

FILED JAN 2 1951

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5783 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elldon</u> <u>0661</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Frank</u> c. (Last) <u>Gentzsch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 15, 1863</u>
9. AGE (In years last birthday) <u>87</u>		10. UNDER 1 YEAR <u>7</u> 0	
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <u>BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Francis Gentzsch</u>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Gentzsch</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Gentzsch</u> ADDRESS <u>436 E 3rd Elldon, Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accident Burning</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>16</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Building</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Waynesville Pulaski Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 1950, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Billy J. Hedger</u> (Degree or title) <u>Crocker</u>		23b. ADDRESS <u>Crocker Missouri</u>		23c. DATE SIGNED <u>12/18/50</u>
24a. BURIAL CEMETERY REMOVAL <u>REMOVED</u>	24b. DATE <u>12/18/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALIFORNIA, MO</u>	24d. LOCATION (City, town, or county) (State) <u>CALIFORNIA, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12/20/50</u>	REGISTRAR'S SIGNATURE <u>Helma C. Buckhage</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedger</u> ADDRESS <u>Mo. Juvia</u>		

(Licensed Embalmer's) Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12/20/50
County Health Officer
File Number
Date Filed 12/20/50

NOV 25 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed Walter P. Stenger
Student Embalmer No.

Licensed Embalmer No. 4365

P. O. Address Meriden, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.